

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22		1				
23		1				
24						
25						
26	1					
27						
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29						
30						
31						
32						
33						
34						
35						
36		2				
37	1					
38						
39						
40						
41						
42						
43						
44						
45		2				
46	1					
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		3				
53		3				
54		3				
55		3				
56		1				
57		3				
58		1				
59	1					
60		2				
61		2				
62		1				
63		1				
64		1				
65		2				
66		2				
67		3				
68		3				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS